PAT	ENT APP	Add 194	NON FEF	DETERMINA	pond to	a collection of	no I rederna of informatic	irli Offici in unless	LUS.	DEPARTM	ENT OF	COMMIE!
	<del></del>	Su	ibalitute for f	Form PTO-875	Effects	RECOR re Decembe	D # 8, 2004		Apple	minn or Do	de Hu	mber
A		ON AS (Column	FILED - P	ART   (Column 2)	•	SMAI	LL ENTIT			01	THER	THAN
FOR N		NUMBER FILED		NUMBER EXTRA	<u> </u>				OR -	SMALL		NTITY
BASIC FEE 137 CFR 1 16(0) (0) or (c SEARCH FEE	11	NA		N/A		RATE (S)	150.			RATE (\$)		FEE (1)
17 CFR 1 16(N. N. or (m))		NA		N/A		NA .	\$250		ŀ	N/A		300.00
EXAMINATION FEE 137 CFR 1 18(0), (p), or (q TOTAL CLAIMS	<u>»</u>	N/A :		N/A		N/A	\$10		- }	AVA .	\$500	
37 CFR 1 16(1) NDEPENDENT CLAIR		minus 50 =		•		X\$ 25 .			_ }	X\$50		200
37 CFR 1 16(h))	:	minus 3 =				X100 .		<del> </del>	OR	X200		<u></u>
IPPLICATION SIZE EE IT CFR 1 16(6))	is \$250	If the specification and dri sheets of paper, the appli is \$250 (\$125 for small er		ication size fee due					1		+	
130		fillonal 50 sheets or fra U.S.C. 41(a)(1)(G) and		od 37 CFR 1.16(s).			'	1	ŀ		1	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1 16(1))						+180=			<b> </b>	+360=	+	<del></del>
the difference in colu	mn 1 is less (	han zero.	enter "O" in co	Numn 2.		TOTAL		7	<u> </u>	TOTAL	+	
APPLIC	ATION AS	AMEN	DED - PAF	RTII	•	•		1				-
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I	EMAINING AFTER		HIGHES NUMBE PREVIOUS	MBER PRESENT		RATE (S)	ADDI-	7		SMALI	$T^{-}$	TY'.
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JUIU () AI Total G7 CFR L 16(1)  Independent G7 CFR L 16(N)  Application Size Fee	3	Minus	12		1 -	100	/-	→ OR	-	50		
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16@)						80=	1	OR	1-3	60= /	<u> </u>	
	oluma 1)		. (Column 2	<b>.</b>		TAL D'L FEE	1	OR	TOT	AL PEE		
RE	LAIMS MAINING AFTER. ENDMENT		HIGHEST NUMBER PREVIOUSL PAID FOR	PRESENT	R.		ADDI- TIONAL	] .	RA	TE (S)	ADI	
Total .* (37 CFR 1.18(ii) .* Independent .*		Minus	**		X\$	25 .	FEE (\$)				· FEE	
O7 CFR LIGHT		Minus	•••	5	XI			OR	X\$5 X20			
Application Size Fee (37 CFR 1.16(6))  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(1))								OR :				
	- mainte	VET ENIVER	II CLAIM (37 C	ŒR 1.16⊕)		30=		OR	+36	0=		7
If the entry in column 1 If the "Highest Number I the "Highest Number	Daniel and a	20101 11	THIS SPACE	: 49 Mass Chan 20, end	TOTA ADDI lor "20".	FEE		O'R	TOTAL ADD'L		,	
I the Highest Number F the Highest Number F ection of Information is to process) an applicat	raula mete Bat	4 6	THE OLVICE	igno, i nan azar a	رچي.	ound in the e	ppropriate t	ox in col	umn 1.			.  -

PTO to phocess) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to lake 12 minutes to complete, buding gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments 1 Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS DRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.